

## CERTIFICATE OF EFS-WEB FILING

Patent No. : 6,705,794  
Issued : 03/16/2004  
Appl. No. : 09/771,431  
First Inventor: Richard Varner  
Filed : 01/26/2001  
TC/A.U. : 3671  
Examiner : Novosad, Christopher J.  
For : Display Form having Magnetically Attachable Parts  
Docket No. : 16-10 US  
Customer No.: 97714

Confirmation No. 8048

I hereby certify that the following correspondence, along with any other document(s) referenced to as being attached or enclosed:

1. **This Certificate of EFS Filing – 1 page**
2. **Revocation of Power of Attorney – 1 page**

is/are being submitted electronically through the United States Patent Office EFS-WEB System, to be directed to:

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

On **October 12<sup>th</sup>, 2010**

\_\_\_\_\_  
Ellen P. Winner  
(Name of Person Mailing Correspondence)

\_\_\_\_\_  
/ellenwinner/  
(Signature of Person Mailing Correspondence)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Patent Number	6,705,794
	Issue Date	3/16/2004
	First Named Inventor	Richard Varner
	Title	Display Form having Magnetically Attachable Parts
	Attorney Docket Number	16-10

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

97714

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the.

☐ Inventor, having ownership of the patent.

OR

☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 9/29/2010

**SIGNATURE of Inventor or Patent Owner**

Signature

Date

Name

Derek Johnson

Telephone

Title and Company

President, Fusion Specialties, Inc.

**NOTE:** Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.